

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **ANDREW J. RIES ET AL.**  
TITLE: **SMALL FORMAT CONNECTOR CLIP OF AN IMPLANTABLE MEDICAL DEVICE**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 323 972 135 US, on this 31<sup>st</sup> day of July, 2003.

MOLLY CHLEBECK  
Printed Name Molly Chlebeck  
Signature

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Sir:

We are transmitting herewith the attached:

- X **Patent Application Transmittal**  
X **Specification:**  
Total pages: 24 (including claims and abstract: Spec. 18 sheets; Claims 5 sheets; Abstract 1  
X **Drawings:**

Total sheets: 7  
☐ formal ☒ informal

- ☒ **Combined Declaration and Power of Attorney:**  
☒ executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

- X **Accompanying application parts:**  
☐ Notification of filing a  
☒ Assignment of the Invention to Medtronic, Inc.  
☒ Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X **Return Postcard**

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application Serial No. \_\_\_\_\_.  
☐ Amend the specification by inserting before the first line the sentence: This application is a \_\_\_\_\_.  
☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)  
☐ The prior application is assigned of record to Medtronic, Inc.  
☐ The Power of Attorney in the prior application is to: \_\_\_\_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842  
Facsimile: (763) 505-2530




27581

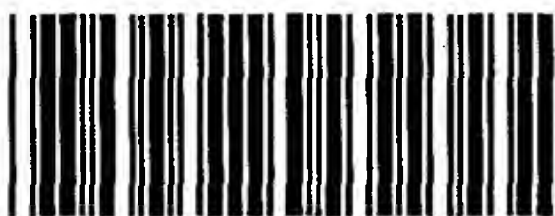
FEE  CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee	
Total Claims	28	20	=	8	x 18	\$144.00
Independent Claims	2	3	=	0	x 84	\$0.00
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$750.00
TOTAL						\$894.00

X Charge Deposit Account No. 13-2546 in the amount of **\$894.00** for the filing fee and extra claims fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

July 31, 2003  
Date

  
\_\_\_\_\_  
Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842



27581